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Atty. Dkt. No. 050251-0131

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gray et al.

Title: SURGICAL DEVICE WITH  
MALLEABLE SHAFT

Appl. No.: 09/432,523

Filing Date: 3 November 1999

Examiner: D. Isabella

Art Unit: 3731

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
SUSAN M. WHITE	(Printed Name)
<i>Susan M. White</i>	(Signature)
10-03-02	(Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents  
Box Non-Fee Amendment  
Washington, D.C. 20231

Sir:

Transmitted herewith is the Amendment of the above-identified application in response to the Office Action dated 5 July 2002.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[X] Information Disclosure Statement

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	21	52	0	\$18.00	\$0.00
Independents:	2	8	0	\$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				\$270.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

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<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 06-1450 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$180.00 is enclosed to cover the costs of filing a late Information Disclosure Statement.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3 October 2002  
FOLEY & LARDNER  
One IBM Plaza, Suite 3300  
330 North Wabash  
Chicago, Illinois 60611-3608  
Telephone: 312.755.2610  
Facsimile: 312.755.1925

By   
Paul E. Schaafsma  
Attorney for Applicant  
Registration No. 32,664

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